s for Yes No X	eet all three tests	a spouse or dependent child because then meet all three tests for	ned income, or liabilities of numities ∙n Ethics.	EXI MPTION — Have you excluded from this report any other ass etc. "unearned" income, or liabilities of a spouse or depense on applicable on a spouse or depense on a policy of any other and other assets."
ced yes No X	Have you excluc	ที่ ier "exaspted trusts" need not be disclos ad. Have you excluced	ittee on lithics and certain c indent of lid?	TRI STS - Details regarding "Qualified Blinc Trusts" approved by the Committee on Lithics and certain other "excepted true from this report details of such a trust that be nefits you, your sponse, or dependent or lid?
IONS	SE QUESTI	N - ANSWER BOTH OF THESE QUESTIONS	ST IN FORMATIO	EXCLUSION OF SPOUSE, DISPENDENT, OR TRUST IN FORMATION -
M	O COMPLE	HEDULE IF YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF	THIS FORM INCLUDIES ONLY THE SCHEDULES THAT YOU
Yes S	an \$5,000 from a or years?	J. Did you receive c⇒mpersation of mor∷ than \$5,000 from a single source in the ∋urrent year and this prior years?	Yes X No	D. Eld you, your spouse or your dependent shild have any repor able y liablify (more than \$10,000) at any point during the reporting period?
ethan Yes No X	r arrangement win the current cab	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes	C. I id you or your spouse have "earned" inc ime (e.g., salaries, hon xaria, or pension/IR \ distributions) of \$2.00 or more during the yested?
Illing? Yes No X	ing the reporting ough the date of	E. Did you hold any reportable positions during the reporting period or in the curn rit calendar year up through the date of iling?	Yes X No	A. I id you, your spouse or your dependent hild: a Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b Receive more than \$200 in uneamed in some from any reportable asset during the rejecting period?
		STIONS	OF THESE QUES	PR ELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
A \$200 penelt/ shall be assessed against any individual who files more than: It days late.	A \$200 penalt individual wh	Period Covere d: January 1, 2020	Staff Filer Type (If Applicable): Shared Principel Assistant	New Officer or En ployee Employing Office:
OFFISE OF THE CLERK 1.6. HOUSE OF REPRESENTATIVES (Office Use Only)	7.S. HC	C seck if Amendment	20	New Member of c Candidate for \$ tate: X U.S. House of Representatives listrict:
2021 MAY 20 PM 12: 21	202	cne:	_Day:ime Telephcne;	Na me: Bobby DuBose
BAY 17 2024001 of _7		FORM B S Candidates, and New Employers	S For New Members	UNITED STATES HOUSE OF REPRESENTATIVES

busine a financi lin For be it and other cash ecourty, total the amount in all researcheming accounts, I the total is over \$4,000 list every francial institut on where there is more if an \$1,000 in interest-bearing accounts. For all IRAs and other retireme it plans (such as 401(ii) stans) provide the value fir each asset held Provid: complete names of stocks and mutual (do not use only ticker symbols). depensent child (DC), or j (JT), in the optional column Except You Exclus a: Your personal residence . homes and vacation homes (units 'you : o choose, you may indica a that an asset soome source is that of your spouse (SP) asset ent child (DC), or jointly held with anyo JT), ir the optional column on the fair left. the a scount that exceeds the reporting threeholds SCHEDULE A - ASSETS & "UNEARNED INCOME" a cownership intenset in an a that is not publicly trade 4. The susiness, the rature of its a training in the location in Block A. A: sets and/or incom : Sources) (a) each asset held in investment or t ten of income and with a fair market value on \$1,000 at the end of thi reporting period, t any other reportable a set or source of which generated mon than \$200 in report a privately-traded fund that is an ord investment Fund, pleas a check the "EIF" and vacation homes (unite at there was notal is during the separing jeriod); and any lintenesting income desired from a federal and program, including is Thrift Savings ed" income during the yea State Ferry IPA State Farm 401K discussion se refer to the d ELOCK A on Cath Stod i poperty held omplyte eddiness perty and a city e 1, etate the nar a activities, and privately-held state the name Ē *Colum : M is for assets held by ; our spouse or child in which you have no interest Kens * en staet \$1-\$1,000 he seet was sold during the inde only because it generates it or e." value of asset at dose of he reporting a literation method other than fair market value for method used. \$1,001-615,000 O × \$15.001-450.000 0 × \$50,001-1100,000 Value of Asset \$100,001-\$250,000 77 6 \$250,001-\$500,000 I reporting period income, the value \$1,000,001-85,000,000 \$5,000,001-025,000,000 • period. If you value, please \$25,000,001-850,000,000 × Over \$50,000,000 _ should and as Spouse/DC Asset over \$1,000,000* 盂 penerate tax-deferred income (such as 401(0) as RA, or 539 eccounts), you may check the Tax or Deferred oclumn. Divide refs, interset, and capital gains, even if a invested, must be ad disclosed as income for assets held in taxable accounts. Check There if the seek Check all columns that up ly. For accounts the generate tax-deferred income (such as 401(k) DIVIDENDS RENT 8 Type of In some INTEREST E CX Nam »: **CAPITAL GAINS** ----0 TAX-DEFERRED **Bobby Dubos** Other Type of Income (Specify: e.g., Partnership Income or Farm Income) a usets for which y a s indicate the o × \$1-62UJ = mn XII is for assets ≡ \$201-\$1,000 ₹ \$1,00142,500 \$2,501-\$5,000 < category of r Treat Yo ≤ × \$5,001-\$15,000 ≦ \$15,001-850,000 860,007-6760,000 量量 l 'Tax-Deferred' in Block C noome by checking the a d, must be disclosed as Ĕ \$100,001-\$1,000,000 × spouse or dependen \$1,000,00146,000,000 Amount of In ᆇ Over \$5,000,000 BLOCK D Spource/DC Income over \$1,000,000* ¥ C you may check the "I I propriate box below. I income for assets h = 314ZU child in which you have no interest \$201-\$1,000 ≡ 11.00142.600 2 < \$2,50146,000 ≤ \$5,001-\$15,000 돌 \$15,001-650,000 <u>=</u> |8 ends, interest, a taxable account 2 \$100,001-\$1,000,000 又 \$1,000,00146,000,000 Over \$5,000,000 × ¥ Spouse/DC Income over \$1,000,000*

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SCHEDULE A -
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Name: Bobby Dubose

Page_3_of_7_

SCHEDULE C - EARNED INCOME

Name: Bobby Duicose Page 4 of 7

Let the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling 3200 or more during the reporting period. For both the filer sand filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard of Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income nery apply to you also on house payroll. The 22.25 limit on outside earned income for Members and employees compensated at or above the "senter staff" rate was \$28,845. The 2021 limit is 1.29,555. In addition, certain types of income (notably honoratis, director's fees, and payments for professional services involving a fiduciary relationship) are tetally prohibited for Members and sentor staff.

and beginnens to b	and baying in in districts on these interests a second sound sound in the second second in the second second second	STATE OF THE OWNER		
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Examples:	With of Mindel	Salico	SPA ON S	42 COO
	On the Courty Board of Edwinson	Spoure Safety	NAV	316
Bobby Dubose	1540	Balary	\$28, 590	\$26,560
Yyetta Dubosa	77.	Systeme Statery	\$78,250	\$76,250

SCHEDULE D - LIABILITIES

	Name:	
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perfod. New Members: Members are required to report at liab littles secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you twen an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

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Bank of America	Dept of Education	Tropical Fi	Suntrust Equity Line	NewFlue	Example			
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92/UG	11/12	02/16	03/08	03/08	5/20	Date Liability Incurred MO/YR		
Revolving Live of Unsecured Gredit	Student Loans	Car Loan 2016 Chevy Tahoe	Equity Line of Credit	Mortgage on Primary Residence Ft Lauderdale, FL	Mortgags on Rental Property, Doves, DE	Type of Liability		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current cutendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

		Position
		Name of Organization

SCHEDULE F - AGREEMENTS

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Idertify the da continuation o employer.	Idertify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employr continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation employer.	Idertify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and byp prior years. This includes the names of clients and customers of any corporation, firm, pertnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Example:	Dos Jones & Smith, Hometown, State	Accounting Services
	The same of the sa	

FILER NOTES (Optional)

Name: Bobby Dubose

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